

**EMERGENCY MEDICAL SERVICES COUNCIL
MINUTES**

January 19, 2007
150 North 18th Avenue, Suite 540
Phoenix, AZ

Members Present

Bentley Bobrow, Chairman
Kurt Krumpferman
Victor McGraw
Taylor Payson
Jeff Daniels
Michael Evans
Michael Ward
Roy Ryals
Marcia Barry

Mark Venuti
Daniel Spaite
Carol Hobbs
John Gallagher
Bob Ramsey
Barb Schaffer
Janine Anderson
Ronalee Quarles
Coy Amerson

Members Absent

Thelma J. Brandon-Davis
Stewart Hamilton
Scott Petersen
B. Gene McDaniels
Teresa Miranda

Teleconference

Charlie Smith
Jerry Stein
Michael Hegarty
Paul Coe

I. CALL TO ORDER

Ben Bobrow, Chairman, called the regular meeting of the Emergency Medical Services Council to order at 10:35 a.m. A quorum was present.

II. DISCUSSION and ACTION ON NOVEMBER 20, 2006 MINUTES

A motion was made by Bob Ramsey and seconded by John Gallagher to approve the minutes of November 20, 2006 with one correction: the time of meeting should be reflected as 1:00 p.m.

Motion Carried.

III. REPORTS:

A. REPORT FROM THE OFFICE OF THE DIRECTOR:

1. Terry Mullins, Bureau Chief, gave an overview on the EMS Council and Director's Steering Committee on Diversion. Five work groups were created, of which four are active and their recommendations were presented to the Director. Several of the recommendations are being implemented.
2. A series of Public Service announcements have been prepared by the Education Subcommittee, and will be released to coincide with the "flu season". The Director has requested the Bureau to work in the southeast sector to work with AEMS, municipal fire departments and hospitals and healthcare associations to draft a consensus' document for diversion for the southeast Sector. The committee has come up with a revised protocol. The Department has reviewed and approved it, and will be drafting it as part of the Redbo which is the Growth Policy and Procedures for the central section, specifically for the southeast section.

3. Evaluation of the role of pre-hospital care providers for EMTs in hospital setting. Implementation of policy statement to verify role of EMT in hospital setting; Ramsey volunteered to chair. Charlie Smith and Jim Rotor volunteered to attend in Ramsey's absence.
4. CDC states wants EMS participant for 45 minute survey for draft training tools associated with the New American College of Surgeons Triage guidelines.
5. Mullins introduced Vatsal Chikani as the new Biostatistician for BEMS and Trauma System. Chikani will be working with the Trauma Registry and Dr. Bobrow on the Cardio Vascular Program and data collection.

B. CHAIRMAN'S REPORT:

EMS Council Membership Update -Ben Bobrow stated that Ronalee Quarles, Jean McDaniels and Michael Evans have been approved and are eligible to vote on the EMS Council. Misty Cisneros, Dave Ridings, Dr. Jeff Daniel and Harold Nystadt are approved ending document finalization.

SHARE Program Update – Ben Bobrow gave brief update on the SHARE program.

1. He thanked the members who helped in the collection of the data to develop a statewide registry as well as those organizations that assisted with free training provided to the public in CPR and AED.
2. The EMS Cardiac Registry has allowed them to make evidence-based changes and integrate them into a dispatch center and the Law Enforcement Early Defibrillation Program databases.
3. The goal of the American Heart Association was to double the cardiac arrest survival rate in the state of Arizona by 2007 and the rest of the country by 2010. He said the overall purpose of this program was to improve hospital cardiac arrest survival in the State. The average survival rate has increased from 7% to 21% since the placement of the CCR protocol. He also stated the CCR protocol was in the process of being standardized. Data will be published in the near future.
4. Spaite gave kudos to Bobrow on his research to increase the survival rate of cardiac arrest patients and said that there were no other studies of this nature at a state level.

ASPIRE Program Update - Bobrow introduced Dr. Sara Shimmin, an EMS Fellow who presented the ASPIRE project to the council.

1. Shimmin states registry was used to track stroke care in Arizona. Outcome of study will improve stroke care from the time the patient accessed the EMS system through hospitalization.
2. States primary stroke centers established in 2000 were capable of delivering tPA to stroke victims in a timely manner and doing follow-up care thereafter for better outcomes.
3. She presented the Cincinnati Pre-hospital Stroke Scale which was a guide to ascertain if a patient actually suffers from a stroke.
4. States the F.A.S.T. scale enables the paramedics to quickly determine whether a stroke patient should be taken to the closest facility or to a stroke center.
5. Paramedics will be able to utilize the CPSS score to determine which facility a

- patient should be transported.
6. A question was asked by Krumpertman if there was data available to support routinely bypassing a non-stroke center to take a patient to a stroke center. Bobrow reported that currently there was no such data available but will be in the future.

IV. ARIZONA DEPARTMENT OF HEALTH SERVICES DISCUSSION AND ACTION ITEMS:

A. Discussion on Current Legislative Items

Vicki Conditt reported that the Assessment had been sent out in mid-December. A delay was caused due to a concern of confidentiality. A new deadline of April 28^{had} been established to complete and return the assessments. It was reported that the Bureau will be organizing and analyzing the data once all the assessments have been received. The Bureau will report the findings.

B. Report on Pre-hospital Drugs/EMT-I-(99)-to-EMT-P Transition Course

Sara Harpring stated the Pre-hospital Drugs/EMT-I-(99)-to-EMT-P Transition Course Rulemaking was approved by (GRRC) on November 7, 2006 and went into effect January 6, 2007. An unofficial copy of the affected rules modified by the rulemaking council and the January 2007 Statutes, Rules and Substantive Policy Statements are available on the website.

Vicki Conditt states Flagstaff will incorporate into their Rules of Policy Statement that if there is no updated certificate on file it will expire.

C. ECF System Occupational Report

Peterson reported that he is having the American College of Surgeons and ASA to do a system wide consultation that will give an objective view to approve the system for cardiac arrest and stroke victims.

V. PROTOCOL, MEDICATIONS AND DEVICES COMMITTEE:

A. Discussion and Action on Revising A.A.C. R9-25-503, Table 1

Dr. Gallagher stated that PMD recommended that the following drugs listed under Minimum Supply be amended to reflect Acceptable Adult Dosage:

It was recommended that the dosage for Etomidate be changed from 80 mg to 40 mg.

Item:

Recommendation:

Who:

When: Etomidate PMD Committee John Gallagher January 19, 2007

It was recommended that the dosage for Lorazepam be changed to 8mg.

Item:

Recommendation:

Who:

When: Lorazepam PMD Committee John Gallagher January 19, 2007

A motion was made by Gallagher to accept the revision and seconded by Mark Venuti.

Motion carried.

B. Discussion and Action on Revising Pediatric Triage and Treatment Protocol

1. Gallagher recommended amending cc/kg to nL/kg throughout the document. On Page 3, third box in the right hand column under Glucose of Pediatric-Submersion Injury add D50 after D10 and D25 to allow it to be consistent with the fourth table under ALS pg4.
2. Venuti proposed that the age be changed from > 8 to >1 in Box 3 under BLS in Table GD0-076-PHS-EMS. A motion was made by John Gallagher and seconded by Ben Bobrow to approve the Revised Pediatric Triage Protocols be accepted with the recommended amendments. **Motion carried.**

C. Discussion and Action on Adopting Drug Profiles as Guidance Documents for:

1. **Racemic Epinephrine**
2. **Lorazepam**
3. **Cimetidine**
4. **Famotidine**
5. **Ranitidine**

A motion was made by John Gallagher and seconded by Mark Venuti to approve the drug profiles as guidance documents for Racemic Epinephrine, Lorazepam, Cimetidine, Famotidine, and Ranitidine. **Motion carried.**

VI. EDUCATION COMMITTEE:

Janine Anderson, Chair of the Education Committee, stated that there was a need to refocus curricula more towards training on new equipment and drugs that may have a training component.

A. Announcement of Brian Smith as Education Committee Vice Chair

It was announced that Brian Smith was elected as the Vice Chair of the Education Committee.

B. Announcement of Meeting Day Change

It was announced that the Education Committee will no longer meet on Fridays. The meetings will be held on Thursdays to coincide with the PMD meetings.

C. Discussion and Action on Education Committee Recommendations:

1. Draft Rulemaking to Establish Supplemental Skill Training Instructor Qualifications

Anderson reports that in R9-25-513 states that anybody who is overseeing skill training in an EMT class shall meet the qualifications of an Instructor specified in the supplemental skill training curriculum or if no curriculum they can instead serve as a preceptor for a course at that level.

A motion was made by Janine Anderson to accept R9-25-513 as written with exception to change the verbiage “If an EMT” at the beginning of (A)(2)(b) to read “If an EMT is authorized to perform the supplemental skill as provided under this Article” which was seconded by Mark Venuti. **Motion carried.**

2. Draft Rulemaking to Require Epinephrine Auto-Injector Training for EMT- Bs

- . Anderson reports that the drug box list approved of EMTs carrying both adult and
- . pediatric Auto-Injectors and proposed that training be included in the Basic EMT
- . Training and Refresher courses so that they would be adequately trained to perform. Harpring stated that R9-25-305(BP)(8)© and R9-25-306(B)(7) would reflect the change to require EMTs take that training, and repeal R9- 25-509, which makes administration of epinephrine a supplementary skill. This change went into effect on January 6, 2007.

A motion was made by Janine Anderson to accept R9-25-305 as stated in the packet without any corrections which was seconded by Mark Venuti. **Motion carried.**

3. Draft Rulemaking to Require EMT-P Course Students to Complete During Clinical Training and Field Training; the Competencies Identified in 9 A.A.C.25, Article 3, Exhibit C

The current EMT-P course rule does not require students to complete certain competencies during clinical training identified in 9 A.A.C. 25, Article 3, Exhibit C. ADHS, at its November 6, 2006 meeting made a request that EMT Council require students in the Arizona EMT-P course to complete, during clinical training and field training, the competencies identified in Exhibit C.

Jerry Stein states only two mechanisms for incubation or airway maintenance – live or cadaver; states students stay students for long time especially in rural areas because of lack of opportunity for skills and to implement another format to use mainly for opportunity and to reduce risk in the hospitals who have become less receptive to students in OR. Bobrow states have to be live or cadaver because of anatomical, visual information in training that would be missed if using mannequins. Use of LVA in OR decreases amount of opportunity. Anderson agrees with Bobrow that live or cadaver is better to use. **Motion carried.**

VIII. EMERGENCY MEDICAL SERVICES COORDINATING SYSTEMS REPORTS

A. Central Region – Gallagher states AEMS will be asking hospitals to respond in agreement with the southeast sector. He also states that the ACS Pre-visit Survey is being processed and will be routed to DHS.

Gallagher also states scheduling EMS Odyssey conference for EMTs and paramedics towards the end of May in Mesa.

B. Southeastern Region – Taylor Payson reported that SAEMS’ Rural Data Collection project has helped provide funds for EMS Day. 180 people registered on January 12.

- . An Injury Prevention Conference was also sponsored on January 23rd at the
- . University of Arizona for 60 people.
- . Committees are working on rewriting protocols.

- . Regional Trauma Committee working on quality improvement program and the report to the ACS review this summer.
- . Involved with Pima County in formulating a pandemic “flu plan”.
- . Graham Green Lee County sub-regional is holding a community “CPR Days” on February 24th in Safford.
- . Next meeting is on January 24th at 1:00 p.m. at the Pima Hospital. 5

C. Western Region – Michael Ward reports they were having their first Inner Regional Diversion in two weeks to divert ambulances out of ER. States will be addressing this issue to prevent it from happening again.

D. Northern Region – Paul Coe reported last meeting was on January 5, 2007 and highlights:

- . Completed the awards of 2006-2007 Provider Assist Grant.
- . Ordered 20 Zol AEDs through Rural AED program and allocated them to six public safety entities in the region to be registered as required.
- . The Pre-Review questionnaire for ACS evaluation is being reviewed by the Region and will be posted on their website with documents attached.
- . Approved BLS medical protocols developed by Bill Bohler of Sedona Fire District and finalized January 5th.
- . AMC portion of the I-EMT-99 Paramedic Transition course will be held February in Flagstaff.
- . NAEMS states it will share information on development of protocols in program and course requirements.
- . Elections for officers. Mark Venuti re-elected as Vice Chair and Gitti Silven is Treasurer.

IX. CALL TO THE PUBLIC

Chief Craig from Honeywell reported on the pilot program for the use of calcium gluconate for EMT-Bs. On October 25th two possible exposures occurred:

- . 4% HF and 35% nitric and 61% water to the right side of the face, neck and shoulder. Applied 75 mg of calcium gluconate and transported to the hospital. Time from exposure to application was approximately eight minutes.
- . 1% HF and 99% water; one hour and ten minutes from exposure to application. Once notified they were on the scene within six minutes. Daniel Spaite inquired if copious irrigation was initiated for the nitrate and HF since calcium gluconate does not work on nitrate. Craig stated patient washed prior to their arrival of which they immediately removed clothing and rinsed with water and applied calcium gluconate. Both patients were released the same day they were taken to the hospital.

XI. SUMMARY OF CURRENT EVENTS

Walter reported that there were grant subsidized courses March 3rd, 4th and 5th: Advanced Hazmat Life Support in Tucson for \$95 open to all health care providers; Basic Disaster Life Support on March 23rd in Phoenix and Advanced Disaster Life Support March 24th and 25th for \$50 BLS and \$100 for ABLIS for two days. Registration is on the website at <http://www.crestaznm.org>.

Peterson announced that St. Josephs Trauma Center is having its annual Trauma Symposium in Phoenix February 8th and 9th at the Black Canyon Center. Call Trauma Administration at St. Josephs for brochures and information. It is a two-day symposium with trauma experts from all over the country.

Michael Hegarty reports on the Governor's Traffic Safety Advisory Committee will be having a traffic safety event January 23 at the State Capitol on the house lawn from 9:00 a.m. to 1:00 p.m. There will be breakfast for legislators and the media will be invited. There will also be 30 booths from transportation and safety groups to educate public on safety. Phoenix Fire will do an extrication demonstration on 17th Avenue. Public invited. Bobrow announced that the Mayo Clinic will be having their annual meeting on Current Concepts in Emergency Medicine on March 25-28 in Scottsdale.

XII. ANNOUNCEMENT OF NEXT MEETING

The next meeting is scheduled for April 20, 2007.

XIII. ADJOURNMENT

This meeting was adjourned at 12:45 p.m.